

1.) CORPORATION NAME:

The Susan G. Komen Breast Cancer Foundation, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

11 S 12TH ST

PO BOX 1463

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

DUE DATE: **1/31/2011**

SCC ID NO: **F1240227**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5005 LBJ FREEWAY, STE. 250

CITY/ST/ZIP: DALLAS, TX 75244-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: CONNIE O'NEILL
TITLE: TREAS/DIR
ADDRESS: 5005 LBJ FREEWAY
STE 250
CITY/ST/ZIP/CO: DALLAS, TX 75244-

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OFFICER

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DIRECTOR

NAME: NANCY G BRINKER
TITLE: CEO
ADDRESS: 5005 LBJ FREEWAY
STE 250
CITY/ST/ZIP/CO: DALLAS, TX 75244-

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OFFICER

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DIRECTOR

NAME: ALEXINE CLEMENT JACKSON
TITLE: DIRECTOR
ADDRESS: 5005 LBJ FREEWAY
STE 250
CITY/ST/ZIP/CO: DALLAS, TX 75244-

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OFFICER

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DIRECTOR

NAME: LINDA LAW
TITLE: PRESIDENT
ADDRESS: 5005 LBJ FREEWAY
SUITE 250
CITY/ST/ZIP/CO: DALLAS, TX 75244-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA CUSTARD DIRECTOR 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 75244-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRENDA LAUDERBACK DIRECTOR 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 75244-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOROTHY PATERSON DIRECTOR 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 75244-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN RAFFAELLI DIRECTOR 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 75244-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC BRINKER DIRECTOR 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 75244-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH THOMPSON PRESIDENT 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 75244-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATRINA MCGHEE VICE PRESIDENT 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 75244-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN BLUM SECRETARY 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 75244-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ELIZABETH THOMPSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		ELIZABETH THOMPSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	
		3/11/2011 DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.